

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILED DATE

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
NO	DEP	NO	DEP	NO	DEP
1					
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50					
TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	